

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/786865

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		1				
5						
6		1				
7						
8		1				
9						
10		1				
11						
12		1				
13						
14		1				
15						
16		1				
17						
18		1				
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25		1				
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31		1				
32	1					
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43	1					
44		1				
45		1				
46		1				
47	1					
48		1				
49	1					
50		1				
TOTAL IND.			↓		↓	
TOTAL DEP.			↔		↔	
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		1				
53	1					
54		1				
55		1				
56		1				
57		1				
58	1					
59		1				
60		1				
61		1				
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95						
96						
97						
98						
99						
100						
TOTAL IND.	9		↓		↓	
TOTAL DEP.	52		↔		↔	
TOTAL CLAIMS	61					

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS